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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Indonesia

SUMMARY

The Executive Director recommends that the Executive Board approve the country programme of Indonesia for the period 1995-2000 in the amount of $72,000,000 from general resources, subject to the availability of funds, and $70,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Over the past 25 years, Indonesia has enjoyed a stable Government, sustained economic growth and rapid social development. Annual per capita income has increased from $70 to approximately $700 and the number of people living in poverty has dropped from about 70 million, or 60 per cent of the population, to some 30 million, or 15 per cent of the population. The population is becoming urbanized at the rate of about 4 per cent per year and, by the year 2000, it will be between 40 and 50 per cent urban. The total fertility rate was reduced from 5.6 in 1968 to 2.8 in 1993. Improvements in the provision of social services have kept pace with economic growth, especially in terms of improved access. Extensive health and education systems are now in place, with primary schools in all villages and health centres in every subdistrict. However, the utilization of health services is still low, especially among the poorest; 40 per cent of the poor do not utilize the formal health service when sick. While economic improvement has been rapid, Indonesia is still a relatively low-income country. Many people live just above the official poverty line, which was $10 per month in 1993.

2. Indonesia's remarkable development record is attributable largely to a strong and tightly budgeted central planning process; 25-year and 5-year national development plans are elaborated and budgets are allocated in accordance with the Guidelines of State Policy provided by the People's Consultative Assembly. Yearly implementation plans and budgets are elaborated after considering the aspirations of the provinces based on a bottom-up, consensus-seeking planning process which begins with village-level discussions. The social sector regularly gets more than 20 per cent of government development budgets, which is in line with the principles of the State ideology as manifested in the trilogy of development: equity, growth and stability.

3. Between 1976 and 1993, the infant mortality rate (IMR) was reduced from 108 to 58 per 1,000 live births and the under-five mortality rate (U5MR) from 162 to 81 per 1,000 live births.* If those trends continue, the goals for children for the decade are likely to be met. Virtually 80 per cent of child diarrhoeal cases are treated with oral rehydration therapy (ORT) or appropriate household fluids. More than 80 per cent of infants are vaccinated in 96 per cent of provinces and 93 per cent of districts and cities. Coverage of tetanus toxoid immunization among pregnant women is currently at 67 per cent, and with the new community midwives being deployed it should reach 80 per cent nationally by 1995. Acute respiratory infections (ARI) have overtaken diarrhoea as the major cause of child deaths. The mid-decade disease reduction targets for poliomyelitis, measles and neonatal tetanus should be achieved through the national immunization weeks to be carried out in 1995.

4. Because the health and nutrition status of women is of special concern, relevant goals will be reached only through special efforts. The maternal

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* Official rates are a little higher than the country office estimates which are based on census data trends.

mortality rate (MMR) is high at 425 per 100,000 live births (1993). Chronic energy deficiency affects one third of women, while two thirds of pregnant women are anaemic. Although access to family planning services has improved considerably and 80 per cent of the demand for such services are met, only 54 per cent of pregnant women have four antenatal contacts with the health system. Seventy per cent of births are not medically supervised and only 30 per cent of district-level referral hospitals have the capacity to perform essential obstetric functions. Accurate data on the incidence of sexually transmitted diseases and gynaecological infections are limited, but the rate is thought to be high and likely to contribute to women's low-grade morbidity. Although the official number of reported cases of acquired immunodeficiency syndrome (AIDS) is small, there is cause for concern as the number is increasing rapidly. If the health and nutrition goals for women are to be met, increasing attention must be paid to the underlying and basic causes.

5. Achieving other nutrition goals will require considerable effort. Some 45 per cent of pre-school children were under weight in 1992, down from 51 per cent in 1986, and this trend will have to be accelerated. Low birth weight affects 14 per cent of newborns. Malnutrition rates are 30 per cent higher in rural than urban areas, but in both areas, growth retardation usually occurs during the first year of life. As poverty is reduced, the targeting of efforts to improve household food security for macronutrients becomes more important. However, many households are also insecure for the micronutrients iron and iodine. Iodine deficiency disorders afflict between 10 million and 20 million people, several million of whom are affected by serious forms, including cretinism. Some 45 per cent of households consume adequate amounts of iodized salt, but universal iodization of edible salt should be achieved by the end of 1995 by mobilizing demand since the industrial capacity to iodize salt seems sufficient. While 89 per cent of mothers breast-feed for more than 12 months, only 30 per cent did so exclusively in 1992. With extra effort, the mid-decade goal of the Baby-Friendly Hospital Initiative can be achieved, with resulting positive consequences for exclusive breast-feeding.

6. Access to safe drinking water increased from 35 per cent in 1971 to 63 per cent in 1993, with improved access in urban areas (84 per cent) than in rural areas (53 per cent). The goals for water supply are likely to be achieved in urban areas if current trends are maintained. Latrine access is less satisfactory; in 1993, only 52 per cent of houses had latrines, with higher proportions in urban (79 per cent) than rural areas (39 per cent). Achieving the goals for sanitation will require a special effort involving a broad mobilization of many sectors in society.

7. Current trends indicate that the basic education goals either have been or are likely to be met. In 1992, over 90 per cent of children entered primary school and 79 per cent completed six years of primary education. In 1994, compulsory primary school was extended from six to nine years. While 13 per cent of adults are illiterate, the goal of reducing the illiteracy rate to 6 per cent is likely to be met. Improving basic life skills remains a challenge for the future and better caring practices for women and children need particular attention.

8. The situation concerning gender in Indonesia is positive and improving rapidly. Primary school enrolment rates are virtually equal for boys and girls. In younger children, biological vulnerability seems to prevail, and morbidity, mortality and malnutrition rates are higher for boys than for girls. The prevailing social and cultural climate does not yet fully support efforts to reduce gender-related disparities between women and men. Primary school completion rates are higher for boys (84 per cent) than girls (75 per cent). Legal protection of female workers and their occupational health and safety are not yet adequate, and their wages tend to be lower than those of male workers.

9. Social development has made great strides in Indonesia over the last few decades. Access to basic health and educational services has become almost universal and most educational goals have been met. While considerable progress has been made in the area of child survival, child malnutrition remains a problem and may be linked to the high maternal malnutrition and mortality rates. Future efforts should concentrate on understanding the community-level issues that determine the low utilization of health services, especially by the poor and by women. Maternal mortality is a priority issue and success in reducing it will have important "spill over" benefits for child survival and development (CSD).

PROGRAMME COOPERATION, 1990-1994

10. Indonesia participated in preparations for the World Summit for Children, and many of the principles and objectives of its Plan of Action were incorporated in the fifth five-year development plan, known as Repelita V, and reflected in the previous programme of cooperation with UNICEF. The World Summit goals have been incorporated almost completely in Repelita VI, covering the period 1994-1999.

11. Through assistance to the core services of immunization, nutrition, maternal and child health (MCH), control of diarrhoeal diseases (CDD) and water supply and environmental sanitation, UNICEF contributed to the reduction of infant and child mortality. The nationwide assistance provided through the 245,000 community-based integrated health service posts called posyandus was more successful for immunization than for nutrition. UNICEF encountered coordination problems in its support for capacity-building to enhance community development, non-formal education and women's income generation in selected areas, and to strengthen district and city government management of basic services. UNICEF national-level advocacy and social mobilization support to promote the role of women in CSD, especially through religious leaders, became increasingly successful.

Health

12. With significant assistance from the World Health Organization (WHO), the United States Agency for International Development and Rotary International, UNICEF supported the successful universal child immunization effort by providing supplies and assistance for capacity-building. The involvement of local governments in monitoring helped to raise immunization coverage levels which have continued to increase since 1990, while external support has been

dramatically reduced. The elimination of neonatal tetanus is proving more difficult as it requires a coordinated effort between the immunization and MCH programmes.

13. Progress was uneven in the control of ARI and diarrhoeal diseases. The blanket provision of oral rehydration salts (ORS) through posyandus has been successful. National capacity to produce ORS exists and its commercial distribution is increasing. Various surveys developed in collaboration with WHO indicate that household management of diarrhoeal diseases is better than the management of cases referred to health centres. Although households provided ORT in 78 per cent of cases and medical attention was sought in 60 per cent of cases, only 15 per cent of cases at health centres are treated adequately. The control of ARI is still confined to the health posts, but when ARI occur, traditional birth attendants are consulted, most frequently at the community level. Success in the development of community-based approaches to ARI will depend on forging links with the community midwives of the MCH programme and posyandus.

14. Improved models for community midwife management, developed in 8 of the 27 provinces, are currently being taken to scale by the Government. In an attempt to improve the management and supervision of MCH-related programmes at the district level, trials were carried out in six provinces to develop integrated approaches to national MCH and nutrition programmes. An integrated local area system was developed to monitor coverage of MCH and nutrition services.

Nutrition

15. Blanket distribution of micronutrient supplements has been more successful than targeted distribution. Vitamin A capsules provided with supplementary funds from the Government of Switzerland and distributed through posyandus by UNICEF, in collaboration with the Helen Keller Institute, reached 60 per cent of children between one and five years of age, meeting the Repelita V target for the control of vitamin A deficiency. Coverage rates for iron pills provided by UNICEF, to pregnant women are less well known, but thought to be low. A baseline study to evaluate iodine capsule distribution in five provinces showed that prior iodine injections had little impact on goitre prevalence in heavily endemic areas. The targeting of the supplements seems not to have worked. In addition, in many control areas that previously had been only moderately endemic and dependent on iodized salt for prevention, goitre rates were worse. Public knowledge of the benefits of iodized salt is poor. District-level capacity was created to measure the iodine content of salt produced, but control mechanisms remain weak at the district level.

16. Growth monitoring has been widespread in Indonesia for more than a decade. Using supplementary funds provided by the Government of Switzerland, UNICEF has provided weighing scales and "Road to Health" growth monitoring and promotion charts for posyandus nationwide. Up to 5 million pre-school children are weighed monthly at posyandus by women volunteers from the Family Welfare Movement. Because programme reviews found the training of these volunteers to be too complex and didactic, participatory adult learning methods were developed and implemented. However, the use of growth monitoring information at family

and village levels remains ineffective. Child growth promotion needs to be developed further, taking into account local cultural needs.

17. A review of nutritional surveillance activities early in the programme period suggested the need for a common understanding of the role of related sectors in preventing malnutrition. While many good sectoral information systems exist, centralized decision-making processes weaken localized intersectoral planning. UNICEF programme support to nutrition surveillance focused on improving the surveillance of chronic energy deficiencies in women, and this preliminary work will need to be consolidated and expanded in the next programme cycle.

Water supply and environmental sanitation

18. In the 17 districts and 10 cities selected, water supply and environmental sanitation activities have shown a gradual shift of emphasis during the period, from a supply-driven approach supporting government construction of facilities to a community self-help approach. With supplementary funds from the Governments of Canada and Japan, the new approach included an increased emphasis on providing protected dug-wells; the provision of partial costs or construction materials to encourage community construction of latrines, wells and rainwater collectors; the distribution of fibreglass moulds to villages to improve the quality of community construction; and increased participation by women from the Family Welfare Movement in the formation of village-level water and sanitation groups. In selected areas, the use of these approaches led to dramatic improvements in coverage rates and universal access.

Education

19. As literacy rates rise, reaching the remaining illiterate population becomes increasingly difficult. A review of the combined income-earning and literacy project found that beneficiaries often were not the poorest women and that literacy activities often were neglected in favour of exclusive income earning. As a result, a stronger focus on literacy was instituted, new methods for detecting illiterates were implemented and local and culture-specific supplementary learning materials were developed. Assistance to formal basic education focused on the promotion of child survival through Islamic educational institutions in selected areas. UNICEF support to early childhood development, which uses a community-based approach in which volunteers teach mothers how to stimulate and interact with their children three years old and younger, has been particularly successful. The programme was elevated to the status of a national movement by the President and has spread throughout Indonesia.

Advocacy and social mobilization

20. Cooperation with religious organizations is growing. The child survival project, established in 1986 to promote basic life skills through religious organizations, expanded to involve over 20 Muslim, Protestant, Catholic and Hindu organizations in 14 large provinces. Some 25,000 female motivators have regular contacts with about 7 million people, providing educational and motivational guidance related to the survival and development of women and children. At the subdistrict level, Islamic marriage counsellors were mobilized

to ensure that brides-to-be were immunized against tetanus. The Supreme Council of Islamic Scholars receive assistance to discourage early marriage and to support the promotion of clean water and sanitation. Information on issues relevant to the basic needs of children and women was distributed regularly for inclusion in Friday sermons.

21. Indonesia has explicit policies on women's development and has ratified the Convention on the Elimination of All Forms of Discrimination against Women. Through the Office of the State Minister for the Role of Women, gender training was carried out for high-ranking officials from all sectors at central and provincial levels and for leaders of non-governmental organizations. UNICEF assistance enabled the National Breast-feeding Movement to promote a national baby-friendly hospital competition. Presidential awards have been given each year since 1991 to the two best hospitals in each of the 27 provinces. UNICEF assistance helped to strengthen the capacity of the Family Welfare Mov ment to manage the activities of the 2 million women volunteers who run posyandus in all provinces, as well as to provide each member with motivational skills to orient 10 households on issues related to the survival and development of women and children.

22. As the nation becomes increasingly urbanized, there is increasing concern for the situation of children in especially difficult circumstances. As an input to a project of the International Labour Organization (ILO), UNICEF developed and funded a study on child labour at the request of the Office of the Minister Coordinator for People's Welfare. The study identified reasons why children enter the workforce and factors that keep them in school, as well as a series of cultural factors important for maintaining family integrity. Programme experience with child protection issues needs to be developed further.

Lessons learned

23. Progress towards the objectives of reducing infant and maternal mortality and of improving nutrition was reviewed annually. While performance was notable for the child survival goals of immunization, ORT and vitamin A distribution, it was less satisfactory for the child malnutrition and maternal mortality goals, which require more complex interventions through an integrated and multisectoral approach. Reviews also indicated that utilization of health services by the poor is low and that the quality and targeted outreach of health services need improvement. In addition, the current standardized programme approach should suit local cultural and societal needs.

24. In order to try to understand why integrated approaches were not effective, the mid-term programme review focused on the cross-sectoral issues of coordination, monitoring and evaluation, training and communication. The review drew on the results of over 20 special reviews, studies and evaluations, including the multi-donor evaluation. The findings and recommendations of the multi-donor evaluation for Indonesia included the need (a) to carry out more local-level work; (b) to target increasingly the most needy; (c) to improve the quality and relevance of training; (d) to develop clearer links between decentralized planning, decision-making and fund-raising; and (e) to ensure greater consistency across sectors and programmes in the capacity-building approach.

25. An assessment of training carried out for the mid-term review revealed considerable overlap and duplication between the many training packages produced centrally for implementation at district and lower levels. The review concluded that mechanisms for coordination and convergence should be improved, and recommended that district-level planning bodies should be strengthened so as to provide more effective support for decentralized basic services. The review also concluded that training activities needed to be decentralized and consolidated at the district level.

26. A major conclusion of the mid-term review was that ongoing, sustainable improvement in social development, including achieving the goals of the World Summit for Children, will depend on continuous and innovative refinement and adaptation of centrally developed approaches to suit the varying local conditions of Indonesia's 27 provinces. For example, education on exclusive breast-feeding will require a different approach in a Hindu community in Bali than in a Muslim community in Aceh.

27. Many of the problems identified in the mid-term review are being addressed. The process of decentralization has accelerated since 1992, when the Ministry of Home Affairs regulated the 1974 law on decentralization. In the new regulations, the responsibility of district and municipal governments for many basic services, including health, water supply and sanitation, has been emphasized. The Ministry of Health has decentralized the management of its basic health services to the district level as part of Repelita VI. In selected areas for which UNICEF provides assistance, integrated budgeting and planning mechanisms have been strengthened so that integrated cross-sectoral district plans and budgets for the delivery of basic services are formulated yearly by local area planning offices. Mechanisms for "bottom-up" planning, from village to subdistrict levels, were strengthened to improve the quality of those plans. Experiences to date with this approach has shown significant increases in government funding of activities through central, provincial and district-level budgetary allocations.

28. Urban activities in many different government programmes were consolidated under the area-based approach during the programme period. With the shift towards strengthening the capacity of local governments to develop integrated, area-specific plans for CSD, the differentiation of UNICEF support to rural and urban approaches is no longer appropriate.

29. In order to synchronize the UNICEF programme with Repelita VI, which was launched in April 1994, the Government has requested that the proposed programme of cooperation begin in 1995.

RECOMMENDED PROGRAMME COOPERATION, 1995-2000

General resources: $72,000,000
Supplementary funds: $70,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	16 410	32 440	48 850
Household food security and nutrition	8 985	5 490	14 475
Water supply and sanitation	10 300	12 250	22 550
Planning and social statistics	4 490	-	4 490
Social mobilization and advocacy	5 960	5 400	11 360
Women and children in especially difficult circumstances	2 220	1 870	4 090
Community organization and development	20 275	12 550	32 825
Programme support	3 360	-	3 360
Total	72 000	70 000	142 000

a/ The breakdown for estimated expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Country programme preparation process

30. The proposed country programme for the period mid-1995-2000 is the product of a process coordinated by the National Planning Agency which began in November 1992 with the mid-term review of the 1990-1995 programme. This was followed in November 1993 by a meeting of all government sectors participating in UNICEF cooperation which reviewed the situation analysis and agreed on a strategy for achieving the priority goals and objectives for the period mid-1995-2000. Other United Nations agencies and bilateral donors participated in this meeting. A third meeting with senior officials in February 1994 reviewed the strategy and draft project outlines of the new country programme in conjunction with a draft of Repelita VI. In May 1994, the task forces met for the fourth time to review draft project plans of action and to articulate the

linkages between projects. The UNICEF programme of cooperation is timed to begin one year after Repelita so that UNICEF support to Repelita programmes and targets can best be identified. The timing of the cooperation is also synchronized with the programme cycles of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA).

31. The basic principles guiding the task forces emphasized the government programmes for achieving goals and targets of Repelita VI and the request that UNICEF assist government programmes to be more effective at the local level. Direct UNICEF support for service coverage is to be decreased in favour of advocacy, capacity-building and innovation within government programmes so as to facilitate their improvement and adaptation to local conditions. Large-scale coverage is to be achieved either through regular government budgets or with the assistance of other donors.

32. With the achievement of the goals for education in Indonesia, it was agreed that support to education programmes should focus on the society-wide dissemination of basic life skills, and that the development of innovative, targeted approaches for reaching illiterate women through the non-formal education programme should become part of the community capacity-building effort, through the provision of support to that component of the country programme. In view of the funding available from the World Bank for primary education, UNICEF will continue to work closely with the Government, the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to address issues of quality in formal primary education while concentrating on extending basic schooling from six to nine years.

Country programme objectives

33. The 1992 mid-term review, other assessments and the 1994 situation analysis of women and children suggest that UNICEF assistance can play a major catalytic role in Indonesia's achievement of the goals of the World Summit for Children, which are included in Repelita VI.

34. In Repelita VI, priority targets include the reduction of (a) MMR from 425 to 225 per 100,000 live births; (b) IMR from 58 to 50 per 1,000 live births; (c) U5MR from 81 to 66 per 1,000 live births; and (d) child malnutrition from 40 to 30 per cent. An analysis of the present situation and current rates of improvement suggest that achieving the goals for maternal mortality and child malnutrition will require more support than those for child mortality. Achieving the former would contribute strongly to further reductions in child mortality.

35. As UNICEF resources are limited, priority will be given to supporting achievement of the targets for maternal mortality and child malnutrition specified in Repelita VI. Programmes that focus on several crucial intermediate goals and provide a high degree of leverage for achieving the maternal mortality and child malnutrition targets are an important part of this emphasis. The objectives of the country programme are to achieve and sustain such high-leverage targets as the virtual elimination of micronutrient deficiencies, including achievement of the mid-decade goal for universal salt iodization and the reduction of iron deficiency in pregnant women from 64 to 40 per cent;

increasing coverage for clean water supply from 63 to 80 per cent and of sanitary human excreta disposal from 52 to 80 per cent; increasing antenatal care coverage to 90 per cent; providing emergency obstetric care at all district hospitals; and universal growth promotion through proper infant feeding practices, including achieving the mid-decade goal of implementing the Baby-Friendly Hospital Initiative in the remaining 187 major hospitals.

36. While direct UNICEF assistance will be concentrated in relatively few poor villages, mobilization of additional resources will be attempted as part of the programme of cooperation. Reducing MMR will be central to the development of safe motherhood plans for all districts in the provinces selected to receive more intensive UNICEF support.

37. The progressive implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women are important objectives of the country programme, providing the framework for advocacy for all programme activities.

Programme strategies

38. The creation of local government capacity to adapt existing national service delivery packages to local needs is the central strategic element of the country programme. Achieving the priority targets of Repelita VI will depend on improved district-level capability to assess, analyse and develop actions that will permit goal achievement with resources that either exist nationally or can be mobilized at the district level. UNICEF assistance will help to strengthen social sector planning capacities at the local level for the measurable achievement of goals that are consistent with those of the World Summit for Children. This will be accomplished in part through a tripartite project in which UNICEF and UNDP will work with the Government to develop district plans of action.

39. Four interlinked priority themes of Repelita VI - human resource development, poverty alleviation, decentralization and the integration of women in development - provide important opportunities for UNICEF assistance. Repelita VI emphasizes reducing poverty from 15 to 6 per cent of the population by 1999 through a programme that targets villages that have been "left behind" and provides funds directly to villages for income-generating activities. Achieving priority human resource development targets will require that basic social services reach the poorest of the poor, especially women and children. A priority concern for UNICEF assistance will be to improve the delivery of better targeted, community-based integrated services through posyandus. Promoting the role of women in the management of community health and nutrition activities through the Family Welfare Movement is a unique indigenous community empowerment strategy. The Government will place a trained midwife in each village by the end of the Repelita VI planning period (1999). Linking midwives to the posyandu system should contribute to the improvement of maternal health.

40. In order to improve programme coordination and integration, an operational framework was developed which reflects basic, underlying and immediate causes of maternal and child malnutrition and mortality. UNICEF projects which assist

government programmes are grouped into the following three mutually supportive strategy components:

(a) The first component, which emphasizes service delivery, groups together activities aimed at what needs to be done to resolve the underlying causes of malnutrition and mortality through Repelita programmes for improving household food security and health service delivery. The projects aim to ensure that government staff at district and subdistrict levels are able to deliver improved quality technical services through the extensive health, nutrition and water supply and sanitation service delivery networks;

(b) The second component concentrates on local government and community capacity-building and comprises activities aimed at resolving the underlying causes of malnutrition and mortality as related to improved caring practices for women and children in the community. How to achieve the goals will vary by locality and culture. The health, nutrition and water supply and sanitation services to be utilized by families, women and children must be made available physically and acceptable culturally. This component will develop local plans to ensure wide coverage through the service delivery component. Achievement of many of the priority human resource development targets will depend on communities and families changing their patterns of caring for women and children. The component works through local government, community, religious and educational channels to ensure that basic services reach and can be utilized by the poorest women and children, and will strengthen the capacity of women's organizations to participate in a "bottom-up" planning process with increasing gender sensitivity;

(c) The advocacy and social mobilization component comprises support activities dir.cted at the processes which determine many of the more basic causes of maternal mortality and child malnutrition. This component aims to increase national understanding of the issues underlying maternal and child survival, development and protection and to build societal commitments to address basic and underlying problems. Changing the behaviour of families and communities will require reinforcement and validation at all levels of society. This component will help to disseminate information and mobilize public opinion to help achieve the targets for the reduction of maternal mortality and child malnutrition.

Coverage

41. The three components will have different levels of national and subnational coverage. The advocacy and social mobilization component will cover all of Indonesia's 27 provinces. The components oriented towards service delivery and capacity-building of local governments and communities will provide more intensive direct support in nine selected provinces containing 65 per cent of the total population. Criteria for choosing those provinces included the number of villages "left behind", the status of the priority targets found in Repelita VI and the potential for collaboration with other agencies, including the World Bank and the Asian Development Bank. In each province, all districts will be covered, as will 50 per cent of subdistricts within each district. Within those subdistricts, which will have the highest ratio of "left behind" villages, 50 per cent of such villages will be covered. There will be

progressive coverage of villages, subdistricts and districts; not all will be covered in any one year and the rate of progression will vary by province, depending on local government capacity and the availability of funds.

The country programme of cooperation

42. Within the context of decentralization and local government capacity-building, the area-based approach to planning and managing activities related to the increased survival, development and protection of women and children is the corner-stone of the country programme. An important feature of this process is the Government's "bottom-up" planning system, which provides early identification of activities to be undertaken and commits the Government, UNICEF and other partners to those interventions. This joint planning and budgeting system will be strengthened further and improved in the period mid-1995-2000 by establishing district plans of action in the nine selected provinces for achieving the human resource development targets specified in Repelita VI.

Health

43. UNICEF assistance to government health programmes will prioritize strengthening maternal and neonatal health care within the primary health care (PHC) system.

44. Assistance to the MCH programme aims to increase coverage for antenatal care to 90 per cent and for medically assisted deliveries to 55 per cent. MCH services include support for nutrition and immunization. In collaboration with WHO, the project will strengthen MCH programme management, monitoring and evaluation; improve access to referral services; improve the quality of neonatal services; support activities for the elimination of neonatal tetanus; provide on-the-job training of health centre doctors and community midwives; promote a "mother-friendly" hospital concept; and provide supplies and equipment for midwives. Supplementary funds will be used to increase UNICEF assistance at the subdistrict level and to increase staff presence in the field.

45. UNICEF assistance to the expanded programme on immunization (EPI), provided in collaboration with WHO and Rotary International, will help to maintain high coverage levels and reach the targets for the elimination of poliomyelitis and neonatal tetanus and for measles control. Programme management and disease surveillance will be strengthened. During the course of the collaboration, general resources funding for EPI for the provision of such supplies as sterilizers will be reduced. Substantial amounts of supplementary funds will be required to provide the extra vaccines needed for special national immunization weeks aimed at eradicating poliomyelitis and increasing protection against measles and tetanus.

46. Support to the ARI and CDD programmes will aim to help achieve disease control targets through improving the capacity of health facilities to provide correct case management. Assistance provided in collaboration with WHO will strengthen the supply and logistic system for ORS and antibiotics; strengthen provincial and district planning capacities; strengthen management, training and monitoring activities; and supply timers for monitoring respiration.

Supplementary funds will be used to increase the number of subdistricts receiving direct UNICEF assistance.

Household food security and nutrition

47. UNICEF support to government nutrition programmes will help to reduce the percentage of women and children with inadequate intakes of essential micronutrients and to improve feeding practices of women, children and infants.

48. Assistance to the family nutrition improvement programme will contribute to the reduction of malnutrition by improving maternal and infant feeding practices. UNICEF will provide programme management support; strengthen surveillance; study maternal and infant feeding practices; develop approaches for area-specific improvements of weaning practices; develop participatory training material for health staff to provide improved counselling and guidance through posyandus; monitor the code on the marketing of breast-milk substitutes; and disseminate the "10 steps" for proper breast-feeding to all midwives. During 1995, continued support will be provided in collaboration with WHO to reach the mid-decade Baby-Friendly Hospital Initiative goal.

49. Assistance to the Ministry of Agriculture's food diversification programme will contribute to the reduction of malnutrition by increasing household food security for energy and micronutrients in the "left behind" villages. UNICEF will provide orientation guidelines and management support, improve training and strengthen surveillance and monitoring for agricultural field workers who provide technical support to women farmers' groups. UNICEF assistance for this project is modest, but sufficient to complement the resources available through the government programme.

50. UNICEF support for government food fortification programmes will contribute to reaching micronutrient targets, especially for iodine and iron. Assistance will be provided to the Ministry of Industry and other members of the national salt iodization team to achieve the mid-decade goal of universal salt iodization. Other activities will promote consumer demand for iodized salt, strengthen the capacity of the food industry to produce iodized salt and to regulate itself, and strengthen government and consumer capacity to regulate and monitor salt iodine levels. Subsequently, the Government will receive assistance in fortifying foods with other nutrients, including iron and vitamin A. A marketing approach will be promoted, and the private sector will be encouraged to provide solutions. Supplementary funds will be used to expand the extent of innovative trials in the field and to provide more staff support.

Water supply and sanitation

51. In the area of water supply and environmental sanitation, UNICEF will assist the Ministries of Health, Public Works and Home Affairs to promote the community-based construction of facilities by families through the provision of loans, stimulant funds and technical support at the village level. The project will support programme management, training of sanitarians, strengthening of monitoring systems and provision of moulds and other necessary supplies. Because implementation is to be at the family level, the largest part of the budget is for the provision of stimulant funds and moulds for the construction

of sanitation facilities. Considerable amounts of supplementary funds will be required to help generate district funds and to provide universal coverage of water supply and sanitation in the nine selected provinces. Coordination with the World Bank and WHO will take place through existing inter-agency forums.

Planning and social statistics

52. Support for monitoring the goals of all government programmes will be provided through this project. Under the coordination of the National Planning Agency, together with the Minister Coordinator for People's Welfare, the Central Bureau of Statistics and sectoral monitoring and surveillance systems will be assisted to reach consensus on indicators and a conceptual framework and to establish a cross-sectoral data bank. Relevant programme information obtained from intersectoral analysis will be disseminated to all districts to help them develop district human resource development plans. Assistance also will be provided to improve government programmes through a better understanding of the factors behind behavioural patterns which affect the survival, development and protection of women and children.

Social mobilization and advocacy

53. In an effort to increase coordination of programme activities, all UNICEF advocacy and social mobilization support to government programmes will be provided through this project and coordinated by the Office of the Minister Coordinator for People's Welfare and the Office of the State Minister for the Role of Women. The project aims to raise awareness of the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Assistance for social mobilization will support the dissemination of information through networks of non-governmental organizations, including through the Ministry of Religious Affairs to the child survival project, through the Ministry of Education to primary schoolteachers, through the Family Welfare Movement to its female village volunteers and through collaboration with the communications channels of the sectoral ministries. Supplementary funds will be channelled to NGOs through the child survival project to promote safe motherhood and CSD.

Women and children in especially difficult circumstances

54. Improving understanding of issues related to the protection of women and children in especially difficult circumstances, as well as support for those women and children, will require increasing attention. Although family and community safety nets are traditionally strong in Indonesia, the growing influence of the media, urbanization and reduced family sizes increasingly are threatening these cultural values. Support will be provided through the Ministry of Social Affairs, the Office of the Minister Coordinator for People's Welfare and the Office of the State Minister for the Role of Women to encourage the development of both governmental and non-governmental experience in this area. Activities will concentrate on operational research, policy development and advocacy and support for the development of innovative approaches. Supplementary funds will permit increased geographic coverage of such activities.

Community organization and development

55. The enhancement of community participation in efforts to reduce maternal mortality and child malnutrition will be approached in a variety of ways. The "bottom-up" planning process will be strengthened to improve the conditions of women and children in the poorest communities. Village councils will be encouraged to take more responsibility for PHC activities, including the guaranteed referral of high-risk pregnant women.

56. Working through the area development programme of the Ministry of Home Affairs, assistance will support the development of goal-oriented district plans, guidelines for "bottom-up" planning, integrated training packages, district profiles and periodic reviews of district and provincial progress towards priority targets. An important effort will be the development of district training and communications activities, which will permit communication strategies to be developed by taking into account different languages, cultural diversity and indigenous channels of communication.

57. Support to the village development programme of the Ministry of Home Affairs will aim to strengthen and improve the management and delivery of basic services for women and children at the subdistrict level and below, especially through the integrated management of and support to posyandus. Priorities will include improving the knowledge and skills of subdistrict government staff and village leaders, especially on matters concerning the care of women and children, gender issues and the strengthening of integrated planning and supervision mechanisms. The local area monitoring system developed previously will be incorporated into this work. UNICEF will assist integrated training, the development of integrated supervision, monitoring and periodic reviews to develop further and spread such approaches. Links to the "left behind" villages of the poverty reduction programme will be cemented through these activities. Supplementary funds will be used to cover more subdistricts and to increase staff support at the field level.

58. Community capacity-building will strengthen community organizations, especially women's, allowing them to participate in village development activities linked to priority goals. Assistance will be provided through the village development programme of the Ministry of Home Affairs, in collaboration with the Family Welfare Movement, the non-formal education programme, the child survival project (with religious non-governmental organizations) and the Social Welfare Department. UNICEF will assist the development of innovative approaches to strengthen community participation in village councils and the posyandu system. The programme will aim to develop ways of linking activities for literacy, income generation and water supply and sanitation in "left behind" villages. Supplementary funds will be used to increase the number of villages receiving direct UNICEF assistance and staff support at the field level.

Monitoring and evaluation

59. UNICEF will assist the Government to monitor relevant indicators for the targets specified in Repelita VI. Improved monitoring by implementing agencies, local governments and communities will continue to be a high priority both for individual projects and for the country programme as a whole. Strong and

effective monitoring will help to improve management, including the operation and maintenance of facilities and services, and help to ensure their sustainability. In addition, more effective evaluation of projects will be facilitated by incorporating appropriate indicators in data-recording and reporting systems. Monitoring and evaluation of periodic achievement and for accountability at the district level and above will be provided largely by the national household socio-economic survey. Support will be provided for the decentralized analysis of data to compile comprehensive, area-specific and issue-focused analyses of the situation of children and women. For the purpose of management at the district level and below, local area monitoring and integrated village needs assessments will be developed further and expanded.

60. Progress towards the achievement of government targets and the impact on the target groups will be evaluated through intensive quantitative monitoring of 100 sentinel communities. One half of these villages are in selected provinces and will become priority sites for intensive behavioural studies on issues related to the survival, development and protection of women and children.

Programme management

61. The National Planning Agency is responsible for the coordination of UNICEF support to the government development plan and budget, with the assistance provided by other donors. This agency is the principal point of contact between UNICEF and the Government and executes formal agreements, chairs the annual review meetings and determines the government's development budgets as counterpart funding.

62. The integration of activities across projects within the country programme and the increased emphasis on local capacity-building, monitoring, evaluation, advocacy and social mobilization require increased levels of management and professional oversight and input. The four existing provincial sub-offices, each staffed by a single Professional for liaison purposes, are well placed to perform those functions. They will be increased in number in proportion to the supplementary funding received for other provinces.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Indonesia	(1992 and earlier years)		UNICEF country classification
Under-five mortality rate	111	(1993)	High U5MR
Infant mortality rate	71	(1993)	High IMR
GNP per capita	$ 670	(1992)	Low-income GNP
Total population	194.6 million	(1993)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1993
Births	(thousands)	4893	5088	5093	5149
Infant deaths (under 1)	(thousands)	516	407	360	366
Under-five deaths	(thousands)	856	649	564	572
Under-five mortality rate (per 1,000 live births)		175	128	111	111
Infant mortality rate (under 1) (per 1,000 live births)		106	80	71	71

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987)	Moderate & severe	..	40
	Severe	..	..
Babies with low birth weight (%, 1980)		14	..
Primary school children reaching grade 5 (%, 1980/1989)		76	83

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1991)	..	53
Timely complementary feeding rate (6-9 mos.) (%, 1991)	..	76
Continued breast-feeding rate (20-23 mos.) (%, 1987)	..	62
Prevalence of wasting (0-59 mos.) (%)	..	..
Prevalence of stunting (0-59 mos.) (%)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	113	121
Total goitre rate (1988)	..	28
Household expenditure (% of total income, 1980-1985)	All food/cereals ..	48 / 21

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1986/1993)		20	78
Access to health services (% of population, 1985)	Total	..	80
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1980/1993)	Total	42	63
	Urban/rural	59 / 37	84 / 53
Access to adequate sanitation (% of population, 1980/1993)	Total	52	52
	Urban/rural	77 / 46	78 / 39
Births attended by trained personnel (%, 1991)			32
Maternal mortality rate (per 100,000 live births, 1986)		..	450

Immunization		1981	1985	1990	1993
One-year-olds (%) immunized against:	Tuberculosis	55	68	93	94
	DPT	1	16	87	89
	Polio	1	14	91	93
	Measles	..	47	..	90
Pregnant women (%) immunized against:	Tetanus	10	26	54	67

Indonesia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1989)	Total	107 / 88	116 / 98
	Male	115 / 93	119 /100
	Female	100 / 83	114 / 96
Secondary enrolment ratio (gross/net) (%, 1980/1989)	Total	29 / ..	45 / 38
	Male	35 / ..	49 / 41
	Female	23 / ..	41 / 36
Adult literacy rate, 15 years & older (%, 1980/1990)	Total	67	84
	Male/female	77 / 58	88 / 75
Radio/television sets (per 1,000 population, 1980/1991)		99 / 20	146 / 59

DEMOGRAPHIC INDICATORS		1970	1980	1990	1993	2000
Total population	(thousands)	120280	150958	184283	194617	217998
Population aged 0-15 years	(thousands)	53455	65249	69969	70857	72463
Population aged 0-4 years	(thousands)	19901	22374	22791	23295	23116
Urban population (% of total)		17.1	22.2	28.8	31.1	36.5
Life expectancy at birth (years)	Total	48	54	61	63	66
	Male	47	53	60	61	64
	Female	49	56	63	65	68
Total fertility rate		5.3	4.4	3.3	3.1	2.5
Crude birth rate (per 1,000 population)		40	34	28	26	22
Crude death rate (per 1,000 population)		18	13	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1991)		..	50
Population annual growth rate (%, 1965-1980/1980-1993)	Total	2.3	2.0
	Urban	4.6	4.5

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1992)		5.2	4.0
Inflation rate (%, 1970-1980/1980-1992)		22	8
Population in absolute poverty (%, 1987)	Urban/rural	.. / ..	20 / 16
Household income share (%, 1990)	Top 20%/bottom 40%	.. / ..	42 / 21
Government expenditure (% of total expenditure)	Health/education	.. / ..	2 / 9
	Defence	..	8
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	2 / 4
Official development assistance: (1981/1992)	$US millions	975	2080
	As % of GNP	1	2
Debt service (% of goods and services exports, 1982/1992)		11	20

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1994 a/

COUNTRY: INDONESIA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $62 450 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	5 798	6 711	1 866		805		4 521	131	12 990	16 501	6 842	4 495	19 832	20 996
Nutrition	2 845	5 485	2 134	1 491	698		2 561	1 397	8 238	11 471	8 373	16 175	16 611	27 646
Water supply and sanitation	1 803	517	547	30	1 619		3 473	1 040	7 442	10 780	1 587	8 500	9 029	19 280
Education	35		617		189		2 631		3 472	5 409			3 472	5 409
Community organization and development										6 707				6 707
Advocacy	124	222	1 620	266	154	1	3 794	1 079	5 692	5 712	1 568	3 030	7 260	8 742
Planning and social statistics	172	32	1 178	64	984		3 223	743	5 557		839		6 396	
Programme support	378		9		1 777		2 500	29	4 664	1 320	29		4 693	1 320
Unallocated reserve										4 550				4 550
GRAND TOTAL	11 155	12 967	7 971	1 851	6 226	1	22 703	4 419	48 067 b/	62 450	19 238	32 200 c/	67 293	94 650

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
SF = Programmes for supplementary funding, funded and unfunded.

a/ Actual expenditures include expenditures recorded as of November 1994.

b/ Including expenditures from global fund and additional allocation of general resources for unfunded programmes for supplementary funding.

c/ Of this amount, $24 549 421 remains unfunded.

TABLE 3. PLANNED EXPENDITURE, 1995 - 2000

(In thousands of United States dollars)

Country: INDONESIA **Period covered: 1995 - 2000**	**Funding status**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**Total**
Health	GR	2 640	2 640	2 845	2 705	2 760	2 820	16 410
	FSF	1 367						1 367
	NSF	6 850	6 850	9 950	4 600	2 600	1 590	32 440
Household food security and nutrition	GR	1 640	1 640	1 595	1 570	1 345	1 195	8 985
	NSF	550	690	750	1 000	1 200	1 300	5 490
Water supply and sanitation	GR	1 820	1 820	1 640	1 640	1 640	1 740	10 300
	NSF	1 650	1 860	2 000	2 130	2 200	2 410	12 250
Community organization and development	GR	3 230	3 230	3 295	3 410	3 530	3 580	20 275
	NSF	1 450	1 750	2 100	2 850	2 400	2 000	12 550
Women and children in especially difficult circumstances	GR	360	360	345	345	395	415	2 220
	NSF	150	150	300	520	450	300	1 870
Social mobilization and advocacy	GR	1 020	1 020	980	980	1 030	930	5 960
	NSF	350	700	900	900	1 150	1 400	5 400
Planning and social statistics	GR	730	730	740	790	740	760	4 490
Programme support	GR	560	560	560	560	560	560	3 360
TOTAL	GR	12 000	12 000	12 000	12 000	12 000	12 000	72 000
	FSF	1 367						1 367
	NSF	11 000	12 000	16 000	12 000	10 000	9 000	70 000
GRAND TOTAL		24 367	24 000	28 000	24 000	22 000	21 000	143 367

GR = General resources.
FSF = Programmes approved for funded supplementary funding.
NSF = New programmes for supplementary funding.